It's Your Choice

Your Health Insurance Benefits 2009

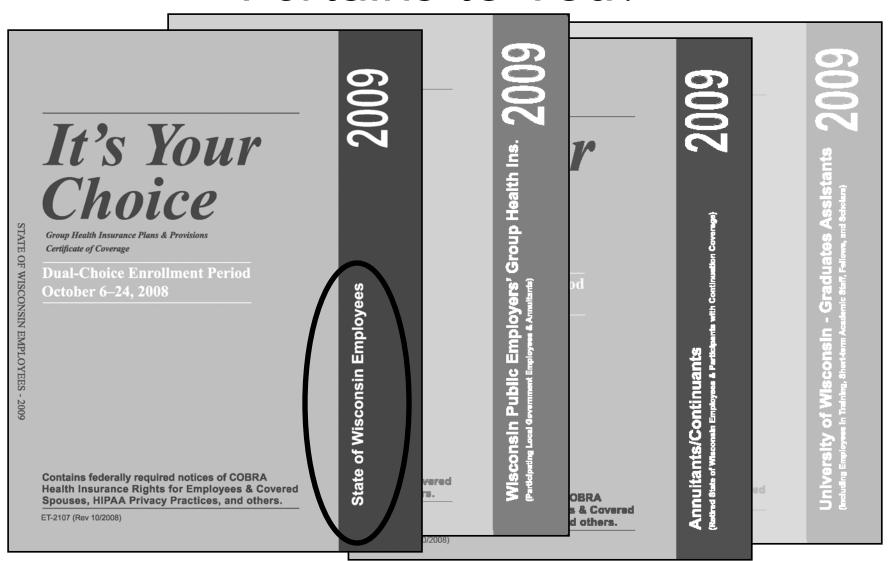


Department of Employee Trust Funds
September 2008

Dual-Choice Enrollment Period

October 6, 2008 - October 24, 2008 Changes Effective January 1, 2009

Which *It's Your Choice Book*Pertains to You?



Topics



It's Your Choice Organization

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Notable Plan and Program Changes

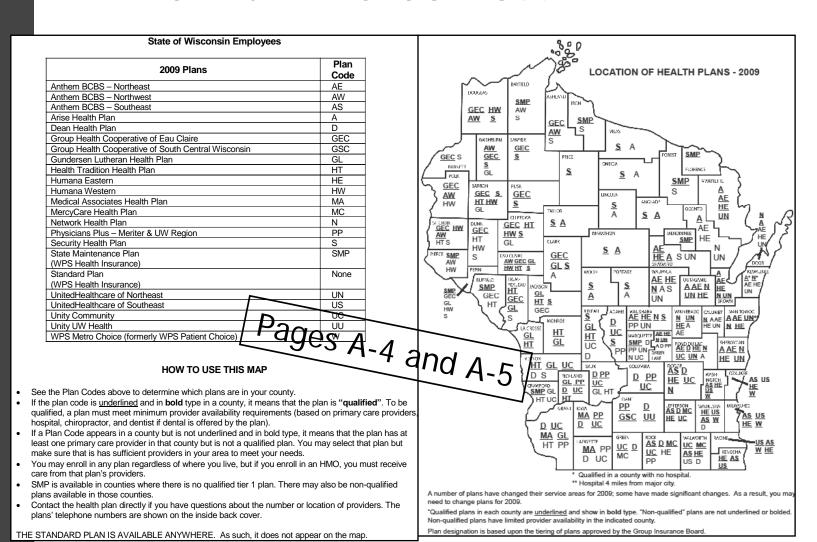
- > Health Plans
 - No longer available and
 - Newly available
- ➤ Health Plan Name Changes
- Significant Provider Network Changes
- Significant Pharmacy, Health, and Dental Coverage Changes

MONTHLY STATE GROUP HEALTH INSURANCE RATES FOR CY 2009*	PLAN TIER	CONTRACT TYPE
PLAN NAME		SINGLE FAMILY
STANDARD PLAN	3	985.30 2459.40
STATE MAINTENANCE PLAN (SMP)	1	609.70 1520.00
ANTHEM BCBS NORTHEAST	1	609.50 1520.10
ANTHEM BCBS NORTHWEST	2	711.00 1775.00
ANTHEM BCBS SOUTHEAST	1	654.50 1632.60
ARISE HEALTH PLAN	1	609.70 1520.60
DEAN HEALTH PLAN	1	524.00 1300.30
GHC OF EAU CLAIRE	1	692.10 1726.60
GHC OF SOUTH CENTRAL WISCONGIN	1	521.90 1301.10
GUNDERSEN LUTHE (AN HUALTH PLU)	1	633,80 1500,80
HEALTH TRADITION HEALTH PLAN	10	639.60 1595.30
HUMANA EASTERN	1771	601.10 1699.10
HUMANA WESTERN	۱ ¹ , ۲	647.40 1614.80
MEDICAL ASSOCIATES HEALTH ALAN	_ 1	517.40 1289.80
MERCYCARE HEALTH PLAN	10	500.50 1267.60
NETWORK HEALTH PLAN		505.00 1450.00
PHYSICIANS PLUSMERITER & UV LEALTH	1	532.70 1328.10
SECURITY HEALTH PLAN	1	671.10 1674.10
UNITEDHEALTHCARE NE	1	590.40 1472.30
UNITEDHEALTHCARE SE	1	641.00 1600.00
UNITY COMMUNITY	1	613.30 1529.60
UNITY UW HEALTH	1	531.60 1325.30
WPS METRO CHOICE	1	661.00 1650.00
These are the total monthly premium rates. Se	e your bene	fits and payroll

Premium Rates
Section A

Rates Vary

Premium Rates - Section A



Common Questions and Answers Section C

- Who is eligible for coverage
- ➤ How and when to enroll or make changes
- ➤ Tips on selecting a health plan



Uniform Benefits Section D



Table of Contents

- > Schedule of Benefits
- Definitions
- Benefits and Services
- Exclusions and Limitations
- Coordination of Benefits and Services
- Miscellaneous Provisions

Health Plan Report Cards - Section E

Health Plan Rating Summary

- * ★ ★ Score for health plan on the scale from 0-10 is better than the average score for all health plans.
- ★★ Score for health plan on the scale from 0-10 is average (neither higher nor lower than the average score for all health plans.)
- ★ Score for health plan on the scale from 0-10 is below the average score for all health plans.
 - Rating of Health Plan
 - Recommend Health Plan to Family and Friends

*Rating repeated from page E-14 for convenience of side-by-side comparison. WPS Metro Choice was formerly known as WPS Patient Choice.

Page E-15	Over			
Page L Health Plan	Total Sample	Among those with 3 or more medical visits in last 12 months	% Who rated health plan 7 or above	% Definitely/ Probably would recommend health plan to family and friends
Average—All Health Plans	8.06	8.13	86	91
Anthem BCBS Northwest	*	*	68	73
Anthem BCBS Southeast	**	**	76	89
Arise Health Plan	***	***	93	94
Dean Health Plan	***	***	92	97
GHC Eau Claire	***	***	93	96
GHC-SCW	***	***	89	96
Gundersen Lutheran	***	***	93	96
vition	\ <u>***</u> ^	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	~~~~	98

Plan Descriptions - Section G

- ➤ What's New
- ➤ Primary Care Physician Selection
- > Referrals and Prior Authorization
- ➤ Out-of-Network Care
- ➤ Mental/Behavioral Health Care
- ➤ Dental Benefits (if provided)
- Summary of Providers

Choosing Your Plan for 2009

Notable Plan and Program Changes (Page ii)

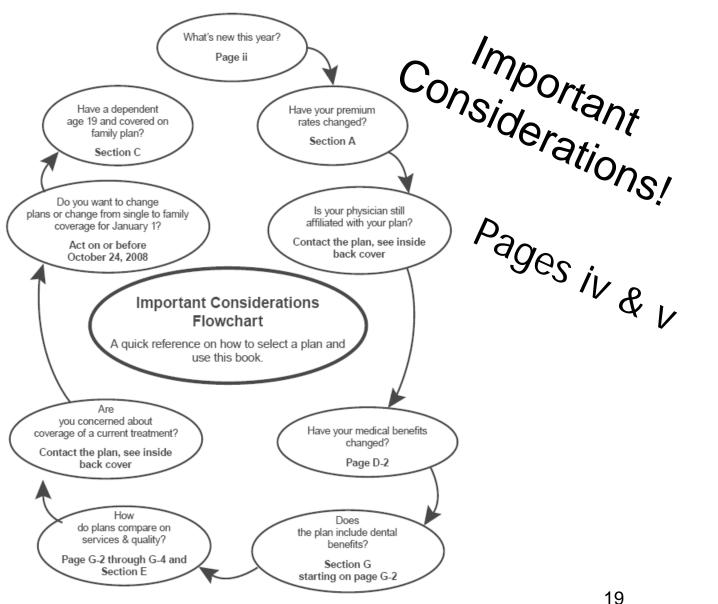
- ➤ Is your current plan still available?
- ➤ Are there new plans available in your area?
- ➤ Are there significant changes to your provider network?
- ➤ Are there changes to your benefits?

Notable Plan and Program Changes (Page ii)

- SMP no longer available in Burnett County
- > SMP now available in:
 - Crawford and Pierce Counties (WI)
- Gundersen Lutheran expanded network
 - Chippewa, Eau Claire, and Pepin Counties
- Health Tradition expanded network
 - Chippewa, Eau Claire, and St. Croix Counties

Notable Plan and Program Changes (Page ii)

- WPS Patient Choice Plans 1 & 2:
 Now called WPS Metro Choice
- Anthem now available in Northeastern WI
- Anthem *Northwest:* reduced service area Prescription Drugs Out of Pocket Maximum \$385/individual \$770/family



Premium Rates & Tiering Section A

- ➤ Tier 1
 - Highest quality and efficiency
 - Lowest premium cost for member
- ➤ Tier 2
 - Scores lower in quality and/or efficiency than Tier 1 plans
 - Higher premium cost for member
- ➤ Tier 3
 - Lowest efficiency
 - Highest premium cost for member

Common Questions and Answers Section C

See the *Table of Contents*

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15. What if my spouse is also a state or university employee or annuitant?	C-14
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17. What action do I need to take for the following personal events	
(marriage, birth, etc.)?	C-1
(marriage, birth, etc.)? DEPENDENT CHILDREN 18. Who is eligible as a dependent? Sample	
DEPENDENT CHILDREN	
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24 When does health coverage terminate for dependents?	C-20

Personal Needs

Uniform Benefits (Section D)

 All health plans are required to cover the same benefits package

(Administration of benefits may vary)

(Dental benefits may vary)

Exception -- Standard Plan

Personal Needs Dental Benefits

	2009 Health Plan Features Comparison										
	This c		provides a b				es for each	health plan a		nuary 1, 200	19.
	Anthem Northeas t	Anthem Northwes t	Anthem Southea st	Arise Health Plan	Dean Health Plan	GHC Eau Claire	GHC- SCW	Gunders en Lutheran	Health Traditio n	Humana Eastern	
Tier for 2009	1	2	1	1	1	1	1	1	1	1	1
Demographic Information* (Refer	to Questic	on 26 in Sc	ection C fo	or more in	formation	on the Ty	pe of Plan)			
Type of Plan	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Total # of Primary Care Physicians	285	1140	2693	505	624	543	68	512	342	4370	382
Total # of Urgent Care Facilities	3	12	26	26	33	20	3	13	18	55	0
Total # of Hospitals	14	23	36	17	26	39	4	20	21	69	17
Quality Scores [1 Star is Lowest & 4 Stars are Highest] (Refer to Report Card in Section E for more information)											
Overall Quality Score	NIA	*	*	***	***	***	****	***	***	*	*
Wellness & Prevention Score	NIA	*	*	**	* *	***	****	****	**	**	**
Behavioral Health Score	NIA	*	*	***	* * *	* *	***	**	*	* *	**
Disease Management Score	*	*	*	***	***	****	***	***	***	*	*
Consumer Experiences	NIA	*	*	***	* * *	***	***	***	****	*	*
% That Would Recommend Plan											
to Family & Friends	N∤A	73%	89%	94%	97%	96%	96%	96%	98%	90%	49%
										90%	49%
to Family & Friends										90% Yes-All	49% Yes-All
to Family & Friends Wellness/Chronic Disease Progra	ms Availa	ble* (Refe	r to plan c	lescription	n pages in	Section (a for more	informatio	n)		
to Family & Friends Wellness/Chronic Disease Progra Health Risk Assessments	ms Availa Yes-O	ble* (Refe Yes-□	r to plan o Yes-O	lescription None	n pages in Yes-All	Section (a for more Yes-O,P	informatio None	n) Yes-O	Yes-All	Yes-All
to Family & Friends Wellness/Chronic Disease Progra Health Risk Assessments 24-Hour Nurseline	ms Availa Yes-O Yes	ble* (Refe Yes-□ Yes	r to plan c Yes-O Yes	lescription None No	n pages in Yes-All Yes	Yes-O	Yes-O,P	informatio None Yes	Yes-O	Yes-All Yes	Yes-All Yes
to Family & Friends Wellness/Chronic Disease Progra Health Risk Assessments 24-Hour Nurseline Tobacco Cessation	ms Availa Yes-O Yes Yes Yes	ble* (Refe Yes-O Yes Yes Yes	r to plan o Yes-O Yes Yes Yes	lescription None No Yes Yes	yes-All Yes Yes Yes Yes	Yes-O Yes Yes Yes Yes	G for more Yes-O,P No Yes	informatio None Yes Yes	Yes-O Yes Yes	Yes-All Yes Yes	Yes-All Yes Yes
to Family & Friends Wellness/Chronic Disease Progra Health Risk Assessments 24-Hour Nurseline Tobacco Cessation Electronic Diabetes Registry	ms Availa Yes-O Yes Yes Yes	ble* (Refe Yes-O Yes Yes Yes	r to plan o Yes-O Yes Yes Yes	lescription None No Yes Yes	yes-All Yes Yes Yes Yes	Yes-O Yes Yes Yes Yes	G for more Yes-O,P No Yes	informatio None Yes Yes	Yes-O Yes Yes	Yes-All Yes Yes	Yes-All Yes Yes
to Family & Friends Wellness/Chronic Disease Progra Health Risk Assessments 24-Hour Nurseline Tobacco Cessation Electronic Diabetes Registry Dental Benefits* (Refer to plan de	ms Availa Yes-O Yes Yes Yes Yes	ble* (Refe Yes-O Yes Yes Yes Pages in 9	r to plan of Yes-O Yes Yes Yes Yes Section G	None No Yes Yes For more in	yes-All Yes Yes Yes Yes	Yes-O Yes Yes Yes Yes	G for more Yes-O,P No Yes Yes Yes	information None Yes Yes Yes	Yes-O Yes Yes Yes	Yes-All Yes Yes Yes	Yes-All Yes Yes Yes
to Family & Friends Wellness/Chronic Disease Progra Health Risk Assessments 24-Hour Nurseline Tobacco Cessation Electronic Diabetes Registry Dental Benefits* (Refer to plan de	ms Availa Yes-O Yes Yes Yes Yes Sescription	ble* (Refe Yes-O Yes Yes Yes Yes yes Yes \$0	r to plan of Yes-O Yes Yes Yes Yes Yes Section G	None No Yes Yes for more in	Yes-All Yes Yes Yes Yes Yes Yes Yes 60	Yes-O Yes Yes Yes Yes Yes Yes	G for more Yes-O,P No Yes Yes Yes	information None Yes Yes Yes Yes	Yes-O Yes Yes Yes Yes	Yes-All Yes Yes Yes Yes	Yes-All Yes Yes Yes Yes Yes
to Family & Friends Wellness/Chronic Disease Progra Health Risk Assessments 24-Hour Nurseline Tobacco Cessation Electronic Diabetes Registry Dental Benefits* (Refer to plan de Preventive Services Deductible Restorative Services Deductible	ms Availa Yes-O Yes Yes Yes Secription \$0 Yes	ble* (Refe Yes-O Yes Yes Yes Yes Ses Yes Pages in Ses \$0	r to plan of Yes-Ores Yes Yes Yes Yes Section G \$0	None No Yes Yes for more in	yes-All Yes Yes Yes Yes Yes Yes Solution	Yes-O Yes Yes Yes Yes Yes Yes NIA	Yes-O,P No Yes Yes Yes Yes Yes	information None Yes Yes Yes So \$0	Yes-O Yes Yes Yes Yes \$0 \$0	Yes-All Yes Yes Yes Yes \$0 \$25/Indiv	Yes-All Yes Yes Yes Yes \$0 \$25/Indiv



Standard Plan

PENELIT LINICODA PENELITS STANDARD PLAN									
BENEFIT	UNIFORM BENEFITS	Preferred Provider	Non-Preferred Provider						
Annual Deductible ¹ (ded)	No deductible	\$100 individual / \$200 family	\$500 individual / \$1,000 family						
Annual Co-insurance ² (coins)	As described below	None	80% / 20% Annual OOP maximum (includes deductible): \$2,000 individual / \$4,000 family						
Lifetime Maximum	\$2 Million	\$2 Million	\$2 Million						
Hospital Days	As medically necessary, plan providers only. No day limit	365 per admission	365 per admission						
Emergency Room	\$60 copay per visit	100%, no copay	100%, no copay						
Ambulance Service	100%	100%	100%						
Transplants	Lifetime benefit of	100%	80%						
(May cover these	\$1,000,000	Bone marrow,	Bone marrow,						
and others listed)	Bone marrow, parathyroid,	parathyroid,	parathyroid,						
	musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung	musculoskeletal, corneal, and kidney	musculoskeletal, comeal, and kidney						
Mental Health ³	Inpatient 30 days	Inpatient 120 days	Inpatient 120 days						
	Outpatient 100%	Outpatient 90%	Outpatient 90%						
	Transitional 100%	Transitional 90%	Transitional 90%						
Alcohol, & Drug	Inpatient 100% to \$6,300	Inpatient 90% to \$6,300	Inpatient 90% to \$6,300						
Abuse ³	Outpatient 100% to \$1,800	Outpatient 90% to	Outpatient 90% to						
	Transitional 100% to	\$1,800	\$1,800						
	\$2,700	Transitional 90% to \$2,700	Transitional 90% to \$2,700						
The state of the s		*tfor.illne	pefit for it s						

Plan Descriptions - Section G

Anthem.

Blas Criss Blas Direkt of Wiscorsin ("BCSDW") underwrite or derivation by Pro out industryl politics Company Health activities the Pro out industryl politics Company Health or advisional to the Company of the Company of the exterioristic by HMO politics and Company and BCBW collectivity underwrite or destinate the POD politics. Independent Elements of the Blas Cross and Blas Paties Association - 6A HTMEN in seglement backward of Arbert Insurance Companys, Inc. The Blas Cross and Blas Deletion cause and optimized are injection extend or Blas Deletion cause and optimized are injection extend or Blas Deletion cause and optimized are injection of the Blas Cross and Blas Deletion cause and optimized are injection extend or Blas Cross and Blas Deletion cause and company of the Blas Cross and Blas Deletion cause and company of the Blas Cross and Blas Deletion cause and Cross Arbert State (Company of the Blas (Cross and Blas (Cro

Blue Preferred Northeast Network

PO Box 34210 Louisville, KY 40232-4210 Phone: 1-800-490-6201 www.anthem.com the Dual Choice Enrollment perio



www.anthem.com
During the Dual Choice Enrollment period,
please call 1-800-490-6201

	P
What's new for 2009?	Anthem is excited to offer Anthem 360° Health, which includes online tools, resources and guidance to help you reach your own personal healthy best. From Web-based resources to personalized interactions with a registered nurse, Anthem 360' Health can help you become more engaged in your health and empower you to make the health care decisions that are right for you. It's all part of your Blue Preferred plan.
Do I need to select a Primary Care Physician (PCP)?	No. Members are not required to select a primary care physician (or PCP) and Anthem will not auto-assign one.
When do I need a referral?	You do not need a referral from your primary care physician (PCP) to see any of the in-network specialists who are part of the Northeast Network. You need a written referral from your PCP and authorization from Anthem to obtain services from a specialist who is not participating in the Northeast Network. Anthem will provide a written response to the referral request to you and your PCP.
When do I need to get a prior authorization?	Certain health care procedures require pre-authorization as initiated by your PCP or specialist. Pre-certification is required for non-emergency hospital stays. Contact Anthem for more information about procedures that require pre- certification by calling the number on the back of your ID card. Anthem will provide a written response to you and your provider.
How do I get care when I am outside the service area?	Emergency Care: You should go to the nearest health care facility for treatment, and contact your primary care physician (PCP) and Anthem within 24 hours or as soon as reasonably possible. Urgent Care: You should call your primary care physician (PCP) for advice about appropriate treatment. All Other Care: You must receive prior authorization from Anthem for all other care outside the Blue Preferred Northeast Network. Please call the precertification number on the back of your ID card.
How do I get mental/ behavioral health care?	You do not need a referral to see a Northeast Network mental health provider. Precertification is only required for inpatient hospital stays. To find a behavioral health provider, go to our online provider directory at www.anthem.com . Under "Provider Type" select Behavioral Health. Please refer to the "What providers can I use?" section on the next page for detailed instructions on how to search for an Anthem provider online.
What are the dental benefits?	Deductible: None Preventive Services: Once every 6 months. 100% coverage for comprehensive and periodic exams. Other Services: Diagnostic x-rays and preventative cleanings (as dentally necessary) with no more than one of each in a six month period; and fluoride treatments for children to age 12. Orthodontics: Orthodontia is not covered; however, where available, child and adult members receive a 20% discount off participating orthodontists' usual fees, to a maximum discount of \$1,250 per person. Annual Benefit Maximum: No lifetime maximum except for orthodontics.

	Dental Network: Please refer to the Dental Directory listing for a participating dental provider. All family members must utilize the same dental clinic. Members must select a dental clinic or one will be auto-assigned. Dental Directories will be provided during the Dual Choice Health Fairs or can be requested by calling Anthem Customer Service. Dental ID Cards: Show your Anthem medical ID card for dental services.
What providers can I use?	Below is a <u>partial</u> summary of the major hospitals and clinics in our network that you can use in 2009. For a complete listing: Go to <u>www.anthem.com</u> Click on "Find a Doctor". Under "State/Directory Selection" select Wisconsin and click "Next". Under the "Plan Information" pull-down menu, select Blue Preferred HMO Northeast - State of Wisconsin. Select the Provider Type and Specialty, and then click "Next". Search for providers near a location or download the entire provider directory.

County	Hospital(s)	Major Clinic(s)		
Brown	Aurora Baycare Medical	Aurora Health Center		
	Bellin Memorial Hospital	Baycare Clinic		
	St. Mary's Hospital Medical Center	Bellin Health		
	St. Vincent Hospital	Prevea Clinic		
Calumet	-	Aurora Health Center		
Door	Door County Memorial Hospital	Aurora Health Center		
		Baycare Clinic		
		North Shore Medical Clinic		
Fond du Lac	Ripon Medical Center	Aurora Health Center		
	St. Agnes Hospital	Fond du Lac Regional Clinic		
Green Lake	Berlin Memorial Hospital	Aurora Health Center		
		CHN Medical Center		
Kewaunee		Baycare Clinic		
Manitowoc	Aurora Medical Center Manitowoc	Aurora Health Center		
	Holy Family Memorial Medical Center	Baycare Clinic		
Marinette	Bay Area Medical Center	Aurora Health Center		
viaimette		Bay Area Medical Center		
		Baycare Clinic		
		Northreach Healthcare		
Oconto	Bond Health Center Inc.	Aurora Health Center		
	Community Memorial Hospital	Baycare Clinic		
	,	CMH Primary Care Clinic		
Outagamie	Appleton Medical Center	Aurora Health Center		
-		Baycare Clinic		
		Thedacare Physicians		
Shawano	Shawano Medical Center	Aurora Health Center		
		Thedacare Physicians		
Sheboygan	Aurora Sheboygan Memorial Medical Ctr.	Aurora Health Center		
	St. Nicholas Hospital			
Waupaca	New London Family Medical Center	Thedacare Physicians		
•	Riverside Medical Center	1		
Waushara	Wild Rose Community Memorial Hospital	Aurora Health Center		
	,	CHN Medical Center		
Winnebago	Aurora Medical Center-Oshkosh	Aurora Health Center		
-5-	Children's Hospital of Wisconsin Fox Valley	Baycare Clinic		
	Theda Clark Regional Medical Center	Thedacare Physicians		

G-12

Choosing Your Plan Compare Plan Performance

2009 Health Plan Quality Comparison

HEALTH PLAN	Overall Quality Score	Wellness and Prevention Score	Behavioral Health Score	Disease Management Score	Consumer Satisfaction and Experiences Score
Anthem BCBS Northwest	*	*	*	*	*
Anthem BCBS Southeast	*	*	*	*	*
Arise Health Plan	***	**	***	***	***
Dean Health Plan	***	**	***	***	***
GHC Eau Claire	***	***	**	***	***
GHC-SCW	****	****	***	***	***
Gundersen Lutheran	***	****	**	***	***
Health Tradition	***	**	*	***	***
Humana Eastern	*	**	**	*	*
Humana Western	*	**	**	*	*
Medical Associates	***	***	*	***	****
MercyCare Health Plan	**	**	**	**	**
Network Health Plan	****	***	***	***	***
Physicians Plus	**	***	***	**	***
Security Health Plan	***	***	***	***	***
UnitedHealthcare NE	*	**	**	*	*
UnitedHealthcare SE	**	**	**	*	**
Unity Community	***	***	***	***	***
Unity UW Health	***	****	****	***	***

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★★★
 ★★★
 Score is one standard deviation or more above the mean
 ★★
 Score is above the mean by less than one standard deviation
 ★
 Score is one standard deviation or more below the mean

Section E

Page E-6

Health Plan Features Comparison

				200	9 Health	Plan Fe	atures C	ompariso	n		
		 					es for each	health plan a		nuary 1, 200	9.
	Anthem Northeas t	Anthem Northwes t	Anthem Southea st	Arise Health Plan	Dean Health Plan	GHC Eau Claire	GHC- SCW	Gunders en Lutheran	Health Traditio n	Humana Eastern	Humana Western
Tier for 2009	1	2	1	1	1	1	1	1	1	1	1
Demographic Information* (Refer	to Questi	on 26 in Se	ection C fo	or more inf	formation	on the Ty	pe of Plan)			
Type of Plan	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Total # of Primary Care Physicians	285	1140	2693	505	624	543	68	512	342	4370	382
Total # of Urgent Care Facilities	3	12	26	26	33	20	3	13	18	55	0
Total # of Hospitals	14	23	36	17	26	39	4	20	21	69	17
Quality Scores [1 Star is Lowest &	4 Stars a	re Highest] (Refer to	Report Ca	ard in Sec	tion E for	more info	rmation)			
Overall Quality Score	NIA	*	*	***	***	***	***	***	***	*	*
Wellness & Prevention Score	NIA	*	*	**	**	***	***	***	**	**	**
Behavioral Health Score	N∦A	*	*	***	***	**	***	**	*	**	**
Disease Management Score	*	*	*	***	***	****	***	***	***	*	*
Consumer Experiences	NIA	*	*	***	***	***	***	***	****	*	*
% That Would Recommend Plan to Family & Friends	N∦A	73%	89%	94%	97%	96%	96%	96%	98%	90%	49%
Wellness/Chronic Disease Progra	ms Availa	ble* (Refe	r to plan d	lescription	n pages in	Section 6	for more	informatio	n)		
Health Risk Assessments	Yes-O	Yes-O	Yes-O	None	Yes-All	Yes-O	Yes-O,P	None	Yes-O	Yes-All	Yes-All
24-Hour Nurseline	Yes	Yes	Yes	No	Yes	Yes	Zo	Yes	Yes	Yes	Yes
Tobacco Cessation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Electronic Diabetes Registry	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Benefits* (Refer to plan de	scription	pages in S	Section G I	for more i	nformation	n)					
Preventive Services Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative Services Deductible	\$0	\$0	\$0	\$25/Indiv	\$0	NIA	\$0	\$0	\$0	\$25/Indiv	\$25/Indiv
Orthodontic Benefits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N∦A	NΙΑ	Yes	Yes
Annual Benefit Maximum / Memb	None	None	None	\$1,000	\$2,000	None	None	\$500	\$500	None	None
Total # of Dentist in Network	108	72	185	930	Qps/_,	67	24	Opera.	Open	Qpen	L_Open_

Dual-Choice Enrollment Period

October 6, 2008 - October 24, 2008 Changes Effective January 1, 2009

- ➤ No Change: <u>Do Nothing</u>
- ➤ Change: Submit application to employer (Retirees: submit application to ETF)

Applications Due by 10/24/2008

More Information

Where to Find More Information

- Call Your Health Plan
- Ask Your Employer
- > Attend a Health Fair
- Visit the ETF Web site
- ➤ Call ETF Customer Service: 1-877-533-5020
- ➤ Medicare Eligibility: www.Medicare.gov or 1-800-633-4227

Now You Know . . .

- ➤ How the *It's Your Choice* book is organized
- ➤ How to choose a plan for 2009
- ➤ Where to get more information

